U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as lamer ded. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.0.439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2 2039		2. Fiscal Year Covered From: 01'01/2004 Through 12/31/2004				
3. Name and address of person filing.		Name, file number, and address of labor organization.				
Name John E. Leland P.O. Box, Bldg., Room No., if any P.O. Box 899		Name Teamsters Union Local 166 Labor Organization File Number 036306				
Street 18597 Valley Blvd City Bloomington		Street City	ox, Bldg., Roor 18597 Vailey Bloomington	Blvd		
State CA ZIP Co	ode + 4 923	16-0899	State	CA	ZIP Code + 4 92316-0899	
5. Position in labor organization. Business Agen:						

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, o employer whose employees your organization represents or is acti	
6. Name and address of Employer (including trade name, if any).	7. a. Nature of Interest Transaction, or Income.
Name	
Trade name, if any	
P.O. Box, Bldg., Room No., if any	
Street	7. b. Amount
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the
best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Z

On

Date

909-877-8326

Telephone Number

Name of Person Filing John E. Leland	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary valuelling or leasing to, or otherwise dealing with the business of an employer who represent, or(2) any part of which consists of buying from or selling or leasing of a trust in which your labor organization is interested.	ose employees your labor organization represents or is actively seeking to		
8. Name and address of Business (including trade name, if any).	9. Business deals with		
Name IBC Corporation Thrift Store division	- Labor Ornovation V		
Trade name, if any	a. Labor Organization X		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 2801 S Towne Avenue	c. Employer		
City Pomona			
State California ZIP Code 91766			
10 If 9 b. or 9 c. is checked give trust or employer's name	11. a. Nature of such dealing.		
Name	Company requested meeting		
Trade name, if any			
P O Box, Bldg., Room No., if any	11. b. Approximate dollar value of such dealing. \$10.00		
Street	12. a. Nature of interest held or income received.		
City	Luncheon meeting with IBC management to discuss reduction of hours. (Company paid for lunch)		
State ZIP Code + 4	reduction of hours. (Company paid for functi)		
	12. b. Amount \$10.00		
C. Received from any employer (other than an employer covered under parts payment of money or other thing of value.	s A and B above) or from εny labor relations consultant to an employer any		
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14. a. Nature of payment.		
Name			
Trade name, if any			
P O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13. b. Is the Business an Employer or Consultant ?	14. b. Amount of payment.		

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